

Accreditation Report – Rosebud Sioux Tribe Meth Treatment Program

Date of Review: February 9-10, 2022 Substance Use Disorder Score: 86.5%

#### **REVIEW PROCESS:**

The Rosebud Sioux Tribe Meth Treatment Program was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on February 9-10, 2022. This report contains the following:

- Agency Summary
- Interview Results
- Administrative and Client Case Record Findings
- Areas of Recommendation
- Areas Requiring a Plan of Correction
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures, personnel files, the client case record scores, and an overall cumulative score.

### **AGENCY SUMMARY:**

The Rosebud Sioux Tribe Meth Treatment Program is a residential substance use disorder facility in Rosebud, SD that provides clinically-managed low-intensity residential treatment. They also complete assessments. They are seeking continued provisional accreditation for clinically-managed low-intensity residential treatment and outpatient treatment services.

The Rosebud Sioux Tribe Meth Treatment Program is governed by the Rosebud Sioux Tribe. The meth program recently separated from the Rosebud Alcohol Treatment Program. The two programs continue to share a building and are both governed by the Rosebud Sioux Tribe, but have separate administrative and clinical staff and processes.

## **INTERVIEW RESULTS:**

**Description:** The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review. However, the information obtained in the interviews is used for quality improvement of the agency.



The Office of Licensing and Accreditation interviewed the clinical director, two addiction counselors and an addiction counselor trainee. The clinical director noted that they have not had many clients since opening, and it has been difficult for staff to not have much clinical work to complete. Staff members voiced excitement in admitting new clients to the program. Counselors shared that they do many assessments at the local jail, and work most closely with the jail to admit new clients.

# **AREAS OF RECOMMENDATION FOR SUBSTANCE USE DISORDER SERVICES:**

**Description:** The following areas are identified as areas that the agency is recommended to review and ensure they are corrected. The areas identified met minimum standards which do not require a plan of correction at this time; however if they continue to be found out of compliance on the next accreditation review, they could become future areas of non-compliance requiring a plan of correction.

There are no areas of recommendation.

# AREAS REQUIRED FOR PLANS OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:

**Description:** The following areas will require a plan of correction to address the rule of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of the rule.

- 1. According to ARSD 67:61:05:05, the agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items:
  - Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;
  - The confidentiality of all information about clients, including review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Parts 160 and 164 (April 17, 2003);



- The proper maintenance and handling of client case records;
- The agency's philosophical approach to treatment and the agency's goals;
- The procedures to follow in the event of a medical emergency or a natural disaster;
- The specific job descriptions and responsibilities of employees;
- The agency's policies and procedure manual maintained in accordance with ARSD 67:61:04:01; and
- The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3.

Rosebud Sioux Tribe Meth Treatment Program did not have proof of orientation containing the above requirements in any of the reviewed personnel files.

2. According to ARSD 67:61:05:12, each agency shall routinely check the Office of the Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.

Rosebud Sioux Tribe Meth Treatment Program did not have documentation of Medicaid exclusion list checks in any of the reviewed personnel files. Additionally, the Meth Treatment Program must check the list for all current employees at least annually to be considered compliant with administrative rule.

- 3. According to 67:61:05:0, Tuberculin screening requirements for employees are as follows:
  - Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12 month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern, or volunteer provides documentation of the last



skin testing completed within 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a pervious positive reaction to either test;

- A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest Xray to determine the presence or absence of the active disease;
- Each staff member, intern, and volunteer with a positive reaction to
  the tuberculin skin test or TB blood assay test shall be evaluated
  annually by a licensed physician, physician assistant, nurse
  practitioner, clinical nurse specialist, or a nurse and a record
  maintained of the presence or absence of symptoms of
  Myobacterium tuberculosis. If this evaluation results in suspicion of
  active tuberculosis, the licensed physician shall refer the staff
  member, intern, or volunteer for further medical evaluation to
  confirm the presence or absence of tuberculosis; and
- Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious

Rosebud Sioux Tribe Meth Treatment program did not have documentation of the two-step tuberculin skin test or TB blood assay test in any of the reviewed personnel files.

- 4. According to ARSD 67:61:07:04, The agency shall have written policies and procedures to ensure the closure and storage of case records at the completion or termination of a treatment program including:
  - The identification of staff positions or titles responsible for the closure of case records within the agency and MIS;
  - Procedures for the closure of inactive client records, that are clients who have not received services from an inpatient or residential program in three days or clients who have not received services from an outpatient program in 30 days; and
  - Procedures for the safe storage of client case records for at least six years from closure.



Rosebud Sioux Tribe Meth Treatment Program did not have policies or procedures for the closure and storage of case records meeting the criteria listed in Administrative Rule.

Additionally, the Rosebud Sioux Tribe Meth Treatment Program has not correctly entered or closed clients in the MIS (STARS).

- 5. According to ARSD 67:61:08:02(4), all controlled drugs shall be stored in a separate locked box or drawer in the medication storage area.
  - Rosebud Sioux Tribe Meth Treatment Program did not have a separate locked box for controlled substances.
- 6. According to ARSD 67:61:08:02(14), the telephone number of the regional poison control center, local hospitals, medical director, and the agency administrator shall be posted in all drug storage and preparation areas.
  - Rosebud Sioux Tribe Meth Treatment Program did not have the phone numbers of the regional poison control center, hospital, medical director or agency administrator posted in their medication storage area.
- 7. According to ARSD 67:61:07:05(1), an addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate to complete an integrated assessment within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components:
  - Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable.

All 11 integrated assessments reviewed were missing strengths of the client and periods of success.

8. According to ARSD 67:61:07:12, a designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient treatment, day treatment, clinically-managed low intensity residential



treatment, clinically managed detoxification, and intensive inpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:

- Productive cough for a two to three week duration;
- Unexplained night sweats;
- Unexplained fevers;
- Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months shall be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis shall be excluded from services until the client is determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out shall provide a written statement from the evaluating physician before being allowed entry for services.

Neither of the two applicable reviewed files had evidence of a tuberculin screening.

#### SUBSTANCE USE DISORDER ACCREDITATION RESULTS:

Administrative Review Score: 79.1%

Combined Client Chart Review Score: 90.5%

Cumulative Score: 86.5%